

YOUTH SERVICES DEPARTMENT OF CORRECTIONS



STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

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TELEPHONE: (406) 444-0851
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Youth Name: _____	Youth ID: _____	Supervision Level: _____
Officer Name: _____	Region: _____	Date: _____
Youth Status: <input type="checkbox"/> Parole <input type="checkbox"/> Secure Facility		
Youth Location/Placement: _____		

Date and time sample was taken _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Person taking sample: _____	Signature _____
Is this the initial drug screening for entry into program/facility? <input type="checkbox"/> Y <input type="checkbox"/> N	
Random test? <input type="checkbox"/> Y <input type="checkbox"/> N if "N" what was the reason for testing? _____	
Did youth admit to drug use prior to testing? <input type="checkbox"/> Y <input type="checkbox"/> N	
Did youth admit to drug use after positive results were obtained? <input type="checkbox"/> Y <input type="checkbox"/> N	
Was the specimen in any way tampered or altered by the youth during collection? <input type="checkbox"/> Y <input type="checkbox"/> N	
Comments: _____	

Urine Testing	N	P	C		N	P	C	Sample Type:
Marijuana (THC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample Destroyed <input type="checkbox"/>
Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample saved 30 days <input type="checkbox"/>
Methamphetamine (AMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N = Negative P = Positive C = Confirmed Positive
Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drugs/Meds Prescribed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Urinalysis Tester(s): 1 _____ 2 _____
Tester's Comments: _____

Breath Testing	
<input type="checkbox"/> Neg <input type="checkbox"/> Pos	BAC _____ Random test? <input type="checkbox"/> Y <input type="checkbox"/> N ,if "N" what was the reason for testing? _____
Did youth admit to alcohol use prior to testing? <input type="checkbox"/> Y <input type="checkbox"/> N	
Did youth admit to alcohol use after positive results were obtained? <input type="checkbox"/> Y <input type="checkbox"/> N	

Sample Taker's Checklist Initial each action	Following completed only if Confirmatory test is necessary
1. Direct vision maintained when sample was taken _____	2. Youth placed lid & security tape on cup _____
	3. Youth initialed the tape _____
	4. Chain of evidence procedures followed _____

Chain of Evidence	Date	Time	Signature
(complete if sample is sent for Confirmatory Testing)			
1 Handling/Storage _____	_____	_____	_____
2 Handling/Storage _____	_____	_____	_____
3 Handling/Storage _____	_____	_____	_____
4 Handling/Storage _____	_____	_____	_____

Initial Response (For positive test)			
<input type="checkbox"/> Formal Write-up	<input type="checkbox"/> Disciplinary Hearing	<input type="checkbox"/> Documented in Case Notes	<input type="checkbox"/> Increase Parental Supervision
<input type="checkbox"/> Intervention	<input type="checkbox"/> Out of Home Placement	<input type="checkbox"/> On-site Hearing	<input type="checkbox"/> Restrict Peer Associations
<input type="checkbox"/> Increase Supervision Level	<input type="checkbox"/> Restricted Travel	<input type="checkbox"/> Specific curfew restrictions	<input type="checkbox"/> Restrict/terminate specific activities
<input type="checkbox"/> Electronic Monitoring	<input type="checkbox"/> Increased Testing	<input type="checkbox"/> Community Service	<input type="checkbox"/> Special monitoring at school/work
<input type="checkbox"/> Treatment	<input type="checkbox"/> Counseling	<input type="checkbox"/> Pathways	<input type="checkbox"/> Recovery groups
<input type="checkbox"/> Updated CD assessment	<input type="checkbox"/> Find/meet with sponsor	<input type="checkbox"/> Other: _____	

Final Disposition
<input type="checkbox"/> Dropped <input type="checkbox"/> Revocation <input type="checkbox"/> Treatment <input type="checkbox"/> Other: _____